

Clinic Note - Ortho Faculty

Tafoya, Michael - 5216487

* Final Report *

Result type: Clinic Note - Ortho Faculty
Result date: August 11, 2014 00:00
Result status: Auth (Verified)
Result title: Clinic Note - Ortho Faculty
Performed by: Thompson, Norfleet B on August 11, 2014 18:43
Verified by: Mercer, Deana on August 15, 2014 07:04
Encounter info: 238844286, UH, Outpatient, 8/11/2014 -
Contributor system: UNIV_NM_HIM

*** Final Report ***

Clinic Note - Ortho Faculty (Verified)

REFERRING PHYSICIAN:
Elizabeth Donaldson.

REASON FOR CONSULTATION:
Right hand pain, specifically right thumb metacarpophalangeal joint pain.

HISTORY OF PRESENT ILLNESS:
Michael is a 26-year-old male who was involved in an altercation on March 11th. He was apparently assaulted by an off-duty police officer and sustained an injury to his right hand. He said during the altercation a lot was happening, so it was hard to identify the exact details, but he began to notice pain after this incident at the base of his right thumb metacarpophalangeal joint. There was swelling and tenderness at that location. He has not had any brace treatment or medical treatment to this point, just rest and ice. He notices the pain still with any change in weather such as cold weather or when he tries to write or grip objects or pinch them. He is here today for further treatment and evaluation.

PAST MEDICAL HISTORY:
None.

PAST SURGICAL HISTORY:
[REDACTED]

ALLERGIES:
[REDACTED]

HOME MEDICATIONS:

Printed by: Garcia, Alicia L.
Printed on: 8/19/2014 14:18

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(Continued)

GOVERNMENT
EXHIBIT

1

Clinic Note - Ortho Faculty

Tafoya, Michael - 5216487

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The patient has been prescribed a thumb spica brace, a prescription for Mobic, and we will obtain an MRI to evaluate for a possible ligamentous injury.

This patient was seen, examined, and plan discussed with Dr. Mercer.
Attending Addendum:

I, Deana Mercer MD, performed a history and physical exam of Michael Tafoya and discussed the patient management with the resident/fellow, Norfleet Thompson, on 8/11/14. I reviewed the resident/fellow note and agree with the documented findings and plan of care.

Signature Line

Thompson, Norfleet B MD

Mercer, Deana MD
Attending Physician
Department of Orthopaedics

Dictate Date: 08/11/14

Transcription Date: 08/12/14

Completed Action List:

- * Perform by Thompson, Norfleet B on August 11, 2014 18:43
- * Transcribe by on August 12, 2014 05:11
- * Sign by Thompson, Norfleet B on August 14, 2014 07:53 Requested on August 12, 2014 05:11
- * Sign by Mercer, Deana on August 15, 2014 07:04 Requested on August 12, 2014 12:22
- * Modify by Mercer, Deana on August 15, 2014 07:04
- * Verify by Mercer, Deana on August 15, 2014 07:04

Printed by: Garcia, Alicia L
Printed on: 8/19/2014 14:18

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(End of Report)

Date: 8/11/14 Insurance Plan: _____

Language spoken English Telephone number 714-211-1111

CENTER FOR NON-INVASIVE DIAGNOSIS

Magnetic Resonance Request Form

(Must be completed by referring physician prior to scheduling)

Examination Requested MRI without contrast (R) hand -
suspect thumb MCP joint injury

Clinical History and Findings (R) thumb trauma in March 2014

Diagnostic Imaging Results Xrays (R) hand negative

Allergies _____ Age _____ Weight _____

Most Likely Diagnosis (R) UCL injury

Probability (%) 100 _____ 90 _____ 75 _____ 50 ☒ 25 _____ 10 _____ 0 _____

Most Important Diagnosis (in terms of clinical consequences)

Probability (%) 100 _____ 90 _____ 75 _____ 50 _____ 25 _____ 10 _____ 0 _____

Has the patient had prior surgery? YES* ☒ NO _____

Location on body, _____ Dates: _____

* If yes, were any metallic devices (i.e. clips, joint prostheses, internal fixation devices, cardiac valve prostheses, etc. YES _____ NO ☒

Does the patient have a cardiac pacemaker? YES _____ NO ☒

Does the patient have any non-removable metallic dental bridgework? YES _____ NO ☒

(Female patients only) Is patient pregnant? YES _____ NO ☒

Tafoga, Michael
DOB: 1987 SEX: M PT: O
MRN#: 5216487
FIN#: 238844286 FC: S OFC

Not a Referring Physician
Signature of Referring Physician

Ortho Hand 3 Views - R

Tafoya, Michael - 5216487

* Final Report *

Result type: Ortho Hand 3 Views - R
Result date: August 11, 2014 11:09
Result status: Auth (Verified)
Result title: Ortho Hand 3 Views - R
Performed by: Williams, Jessica B on August 11, 2014 16:29
Verified by: Williams, Jessica B on August 11, 2014 16:33
Encounter info: 238844286, UH, Outpatient, 8/11/2014 -

*** Final Report *****Reason For Exam**

doi /3/2014;injury

Ortho Hand 3 Views - R

Patient Name: Michael Tafoya MR#: 5216487
Accession#: 000OR20140011255
Exam Description: Ortho Hand 3 Views - R Exam Date/Time: 8/11/2014 11:09 AM

FRONTAL, LATERAL, AND OBLIQUE RIGHT HAND RADIOGRAPHS

HISTORY: Right thumb pain and twitching. Date of injury March 2014.

COMPARISON: None available.

FINDINGS: No evidence of acute or remote fracture, dislocation, soft tissue injury, or radiopaque foreign body.

IMPRESSION: Normal right hand.

Finalized by Jessica Williams, MD on 8/11/2014 4:33 PM

Signature Line

Final

Dictating Radiologist: JBW
Dictated Date/Time: 08/11/2014 16:29

Signed by: Williams, Jessica B
Signed Date/Time: 08/11/2014 16:33

Completed Action List:

- * Order by Mercer, Deana on August 11, 2014 11:06
- * Perform by Ortiz, Rose M on August 11, 2014 11:09
- * Verify by Williams, Jessica B on August 11, 2014 16:33
- * Endorse by Mercer, Deana on August 12, 2014 17:06

Printed by: Garcia, Alicia L
Printed on: 8/19/2014 14:18

Page 1 of 1
(End of Report)

Operative Report

Tafoya, Michael - 4773406

Result type: Operative Report
Result date: October 07, 2014 13:00
Result status: Auth (Verified)
Result title: Operative Report
Performed by: Mercer, Deana on October 07, 2014 13:00
Verified by: Mercer, Deana on October 09, 2014 07:22
Encounter info: 240490227, UH, Day Surgery, 10/7/2014 - 10/14/2014

* Final Report *

Operative Report

PREOPERATIVE DIAGNOSIS:

Right thumb ulnar collateral ligament tear.

POSTOPERATIVE DIAGNOSIS:

Right thumb ulnar collateral ligament tear.

SURGEON:

Deana Mercer, MD.

ASSISTANT:

Andrea Lese, MD.

PROCEDURE:

1. Right thumb ulnar collateral ligament repair.
2. Utilization of Fluoroscanner.

ANESTHESIA:

Regional, local, monitored anesthesia care.

ESTIMATED BLOOD LOSS:

Less than 1 cubic centimeter.

INTRAVENOUS FLUIDS:

500 cubic centimeters.

TOURNIQUET TIME:

22 minutes at 250 millimeters of mercury.

ANTIBIOTICS:

Ancef was given preoperatively.

SPECIMENS:

None.

DRAINS:

None.

IMPLANTS:

None.

FINDINGS:

Torn ulnar collateral ligament. The area was scarred and thickened. The joint was unstable under fluoroscopic guidance. We were able to primarily repair the

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Printed on: 11/7/2014 10:09

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(Continued)

ligament.

COMPLICATIONS:

None.

INDICATIONS FOR PROCEDURE:

This is a 26-year-old male presenting with right thumb ulnar collateral ligament tear with unstable thumb with ulnar stress. We discussed operative versus nonoperative measures, risks, benefits, complications of both. All of his questions were answered. Informed consent was again reviewed this morning.

DESCRIPTION OF PROCEDURE:

The patient was seen in the preoperative holding area. The surgical site was marked. Regional anesthesia was administered by the Anesthesia team. The patient was then taken to the operating room, placed on the operating room table in the supine position with the right upper extremity on an arm board. A nonsterile tourniquet was placed to the right arm. Right upper extremity was then prepped and draped in the usual sterile fashion. Formal timeout was then held, and site, side, and procedure were confirmed. Right upper extremity was exsanguinated, and the tourniquet was elevated to 250 millimeters of mercury.

An ulnar curvilinear incision was made. Sharp blade was used to incise the skin. We carefully dissected down, identified the adductor aponeuroses, the capsule, and the ulnar collateral ligament. There was thickened scar tissue in the area. We were able to delineate the ulnar collateral ligament with the capsule and advance it distally. Upon tying of the Ethibond suture, he had reduction of the joint into more anatomical position. As the joint was unstable but fairly well aligned, we did not place a pin.

The ulnar collateral ligament was repaired utilizing 3-0 Ethibond. The adductor was repaired utilizing 3-0 Vicryl. The skin was closed using 4-0 Monocryl. We did apply Steri-Strips. A sterile dressing consisting of bacitracin, Adaptic, 2x2, Tegaderm followed by a thumb spica splint was applied. At the time of this dictation, he was still in the operating room.

DISPOSITION AND PLAN:

He will be discharged home today. He is to follow up with me in a couple weeks, at which time we will trim his Monocryl sutures. He will not need x-rays at that time.

Signature Line

Mercer, Deana MD
Attending Physician
Department of Orthopaedics

Dictate Date: 10/07/14

Transcription Date: 10/07/14

Completed Action List:

* Perform by Mercer, Deana on October 07, 2014 13:00 Requested on October 07, 2014 09:50

Printed by: Garcia, Alicia L
Printed on: 11/7/2014 10:09

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(Continued)

Brief Operative Note

Tafoya, Michael - 4773406

Result type: **Brief Operative Note**
Result date: **October 07, 2014 13:13**
Result status: Unauth
Performed by: Lese, Andrea B on October 07, 2014 13:16
Encounter info: 240490227, UH, Day Surgery, 10/7/2014 - 10/14/2014

Brief Operative Note

Preoperative Diagnosis: Right ulnar collateral ligament tear

Post Operative Diagnosis: Right ulnar collateral ligament tear

Procedure(s) Performed: Right ulnar collateral ligament repair

Primary Surgeons: Dr. Mercer (attending); Dr. Lese (fellow)

Assistants: Jenkins, Shannon (MSIV)

Anesthesia: General x Regional
x Local/Monitored Anesthesia Care

IVF/Blood Products Transfused: Crystalloid 500 ml Colloid ml
Packed Red Blood Cells Platelets
Fresh Frozen Plasma ml Other

Estimated Blood Loss: <10 ml

Turniquet time: 22 minutes

Operative Findings: Right ulnar ligament injury

Specimens Removed: none

Drains/Packing: none

Complications: none apparent

Implants: 3-0 Ethibond, 3-0 Vicryl, 4-0 Monocryl

Disposition: to PACU

Operative Note Dictated: Yes

Signature Line

Printed by: Garcia, Alicia L
Printed on: 11/7/2014 10:09

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(Continued)

Lese, Andrea B MD

Dictate Date: 10/07/14

Completed Action List:

- * Perform by Lese, Andrea B on October 07, 2014 13:16
- * Modify by Lese, Andrea B on October 07, 2014 13:18
- * Modify by Lese, Andrea B on October 07, 2014 13:20
- * Modify by Lese, Andrea B on October 07, 2014 13:20
- * Modify by Lese, Andrea B on October 07, 2014 13:20
- * Modify by Lese, Andrea B on October 07, 2014 13:25
- * Sign by Lese, Andrea B on October 07, 2014 13:26 Requested by Lese, Andrea B on October 07, 2014 13:26
- * Modify by Lese, Andrea B on October 07, 2014 13:26

Result type: Clinic Note - Ortho Faculty
Result date: **October 10, 2014 11:41**
Result status: Auth (Verified)
Result title: Clinic Note - Ortho Faculty
Performed by: Mercer, Deana on October 10, 2014 18:31
Verified by: Mercer, Deana on October 13, 2014 19:48
Encounter info: 240952945, UH, Outpatient, 10/10/2014 - 11/2/2014
Contributor system: UNIV_NM_HIM

*** Final Report ***

Clinic Note - Ortho Faculty

CHIEF COMPLAINT:

Follow up status post right thumb ulnar collateral ligament repair.

DATE OF SURGERY:

10/07/2014.

HISTORY OF PRESENT ILLNESS:

This is a 26-year-old male status post right thumb ulnar collateral ligament repair. He presents today as his dressing fell off and the splint was rubbing.

PHYSICAL EXAMINATION:

We removed the splint. He had an area on the dorsal ulnar aspect of the wrist which looks like some type of a mosquito bite. The area is raised. He says, however, that his splint was on; it may be an area that was rubbing.

IMAGING:

None new.

ASSESSMENT:

~~This is a 26-year-old male status post right thumb ulnar collateral ligament repair.~~
His splint did not fit very well, the dressing came off unfortunately.

PLAN:

At this time, is occupational therapy fabricated splint. We applied a soft dressing today. I will see him back as scheduled. He was happy with this plan.

cc: Andrea Lese MD, 2211 Lomas Blvd NE Department of Orthopedics, Albuquerque, NM87106

Signature Line

Mercer, Deana MD
Attending Physician
Department of Orthopaedics

Dictate Date: 10/10/14
Transcription Date: 10/10/14

Printed by: Garcia, Alicia L
Printed on: 11/7/2014 10:08

Page 1 of 2
(Continued)

Result type: Clinic Note - Ortho Gen
Result date: November 03, 2014 00:00
Result status: Auth (Verified)
Result title: Clinic Note - Ortho Gen
Performed by: Mercer, Deana on November 03, 2014 17:45
Verified by: Mercer, Deana on November 07, 2014 07:30
Encounter info: 241806280, UH, Outpatient, 11/3/2014 -
Contributor system: UNIV_NM_HIM

*** Final Report ***

Clinic Note - Ortho Gen

CHIEF COMPLAINT:

Follow up status post right thumb ulnar collateral ligament repair.

DATE OF SURGERY:

10/07/2014

HISTORY OF PRESENT ILLNESS:

This is a 27-year-old male who was assaulted. He suffered a right thumb ulnar collateral ligament tear. He is now 1 month status post repair and doing well.

PHYSICAL EXAMINATION:

Today, the wound is healing nicely. No evidence of infection. We have trimmed his Monocryl sutures. He has a well-fitting splint. He has normal sensation on the radial side of the thumb with brisk capillary refill distally.

IMAGING:

None new.

ASSESSMENT:

This is a 27-year-old male with right thumb ulnar collateral ligament repair. He is doing well.

PLAN:

At this time, is splint for a total of 3 months, occupational therapy in Santa Fe for range of motion of the interphalangeal joint of the right thumb, metacarpophalangeal joint of the right thumb to start at the 3-month mark, scar treatment and a home program. He needs to protect the thumb for a total of 6 months, and we did discuss this today. I will see him back in 8 weeks. He will not need x-rays at that time.

Signature Line

Mercer, Deana MD
Attending Physician
Department of Orthopaedics

Dictate Date: 11/03/14

Transcription Date: 11/04/14

Printed by: Garcia, Alicia L
Printed on: 11/7/2014 10:09

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(Continued)

Completed Action List:

- * Perform by Mercer, Deana on November 03, 2014 17:45
- * Transcribe by on November 04, 2014 04:45
- * Sign by Mercer, Deana on November 07, 2014 07:30 Requested on November 04, 2014 04:45
- * Verify by Mercer, Deana on November 07, 2014 07:30



THE UNIVERSITY OF NEW MEXICO - HEALTH SCIENCES CENTER

UNIVERSITY HOSPITAL

EMPLOYEE RETURN TO WORK STATUS

DEPARTMENT OF ORTHOPAEDICS

Name: <u>Michael Tafoya</u>	Date of Injury: <u>10/31/14</u>
Diagnosis: <u>1st thumb ligament reconstruction</u>	
Maximum Medical Improvement: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	Expected MMI: <u>6 months</u> 1 year from surgery

() May Return to Work with no limitations on _____ Effective Date _____

☒ May not Return to Work at this time. healing from injury

Employee may work _____ hours maximum per work shift.

() May Return to Work and is capable of performing work at the degree indicated below: Date: _____

() Sedentary Work: Lifting 10 lbs. Maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools, although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

() Light Work: Lifting 20 lbs. Maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm/leg controls.

() Medium Work: Lifting 50 lbs. Maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

() Heavy Work: Lifting 100 lbs. Maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

Other Instructions and/or Limitations:

LIMITATIONS

1. DURING WORK SHIFT EMPLOYEE MAY:

a. Stand/Walk

() None () 4-6 Hours () 8-12 Hours

() 1-4 Hours () 6-8 Hours

b. Sit

() Unlimited

() 1-3 Hours () 3-5 Hours () 5-8 Hours

c. Drive

() Unlimited

() 1-3 Hours () 3-5 Hours () 5-8 Hours

2. May use hands for repetitive tasks. Please limit:

() Simple Grasping () Pushing/Pulling

() Fine Manipulation () Keyboard Usage _____ hrs/shift

3. Worker is able to: Frequently Occasionally Never

a. Bend () () ()

b. Squat () () ()

c. Climb () () ()

d. Reach () () ()

e. Mop () () ()

f. Vacuum () () ()

Needs time off for physical therapy: _____ times per week.

Anticipated Length of Restrictions: 3 monthsNext Scheduled Appointment: 3 months at _____ am / pmPhysician Signature: Norbert Thompson Provider #: 136114 Date: 12/29/14

Tafoya, Michael	
DOB: <u>1987</u>	SEX: M PT: 0
MRN#: <u>4773406</u>	
FIN#: <u>243542206</u>	
FC: S	GOC